

**Noble County Health Department  
44069 SR 821  
Caldwell, OH 43724  
(740) 732-4958**

*REQUEST FOR A DEATH CERTIFICATE*

CERTIFICATE REQUESTED: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

NUMBER OF COPIES REQUESTED: \_\_\_\_\_ x \$25.00 each

VETERAN'S COPY REQUESTED: \_\_\_\_\_

PERSON MAKING THE REQUEST: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY:</b>	
Number of certificates issued: _____	Veteran's Copy Issued _____
Total due: _____	[ <input type="checkbox"/> ] Cash [ <input type="checkbox"/> ] MO [ <input type="checkbox"/> ] Check # _____
Issued by: _____	
ODH Audit Number _____	
Volume # _____	Page # _____